



Case No.: BEUDE-008B

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): THEODORE V. BENDEREV)
Serial No.: 09/733,455)
Filed: 12/08/00)
For: SYSTEM AND METHOD)
FOR SECURING SUTURES)
TO BONE AND TISSUE)

Art Unit: 3731
Examiner: DAVID O. REIP

06/07/2001 BSAYASI1 00000040 09733455

01 FC:126

180.00.00

INFORMATION DISCLOSURE STATEMENT
PURSUANT TO 37 C.F.R. SECTION 1.97

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir/Madam:

Refund Ref:
06/07/2001 BSAYASI1 0000105936 *ME*

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Pursuant to 37 C.F.R. § 1.97, the following Information Disclosure Statement is submitted as listed on form PTO/SB/08 enclosed herewith in duplicate. Copies of all disclosure documents are attached hereto for the Examiner's review.

No representation is made that the references disclosed herein legally constitute prior art, or that more relevant references are not available. The disclosure documents enclosed herewith and listed on the attached form (PTO/SB/08) are printed in the English language and/or accompanied by an Abstract published in the English language.

The references listed herein, when taken alone or in combination are not believed to disclose nor make obvious the invention as claimed in the subject application.


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This Information Disclosure Statement is being submitted after three months from the filing date of the subject application and/or after receipt of the initial Office Action, a filing fee check in the amount of \$240.00 is enclosed herein. If any additional fee is required, please charge Deposit Account Number 19-4330.

Respectfully submitted,

Dated: May 29, 2001
Customer No. 007663

By: 
Matthew A. Newboles
Registration No. 36,224
STETINA BRUNDA GARRED & BRUCKER
75 Enterprise, Suite 250
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		DOCUMENT NUMBER	PUBLICATION DATE	COUNTRY OR PATENT OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
EXAMINER			DATE CONSIDERED					

STETINA BRUNDA GARRED & BRUCKER
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DOCKET NO.: BENDE-008B



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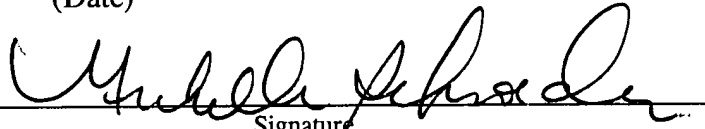
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3. Information Disclosure Statement Pursuant to 37 C.F.R. §1.97 (in duplicate);
4. Information Disclosure Statement Form 1449 (in duplicate);
5. Check for \$240.00;
6. Prior Art (3 Patents);
7. Certificate of Mailing; and
8. Return Receipt Postcard.



#9

\$3731

PTO/SB/21 (6-98)

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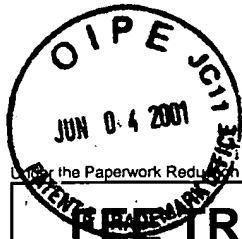
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/733,455
	Filing Date	12/08/00
	First Named Inventor	THEODORE V. BENDEREV
	Group Art Unit	3731
	Examiner Name	DAVID O. REIP
Total Number of Pages in This Submission	Attorney Docket Number	BENDE -008B

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Charge Any Additional Fee Required, to Deposit Account No. 19-4330 <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69 and Accompanying Petition) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Three (3) prior art patents; IDS 1449; IDS Statement (2 Pages); Certificate of Mailing; and Return Receipt Postcard.
REMARKS:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	MATTHEW A. NEWBOLES STETINA BRUNDA GARRED & BRUCKER		
Signature			
Date	5/29/01		
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FEE TRANSMITTAL for FY 2001 Patent fees are subject to annual revision.		Complete if Known	
		Application Number	09/733,455
		Filing Date	12/8/00
		First Named Inventor	THEODORE V. BENDEREV
		Examiner Name	DAVID O. REIP
TOTAL AMOUNT OF PAYMENT	(\$) 240.00	Group Art Unit	3731
		Attorney Docket No.	BENDE-008B

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number _____ Deposit Account Name _____ <input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility Filing fee	_____
106 320	206 160	Design Filing fee	_____
107 490	207 245	Plant Filing fee	_____
108 710	208 355	Reissue Filing fee	_____
114 150	214 75	Provisional Filing fee	_____
SUBTOTAL (1)			\$ 0
2. EXTRA CLAIM FEES			
Total Claims _____ - 20** = _____ X _____ = _____			
Independent Claims _____ - 3 = _____ X _____ = _____			
Multiple Dependent _____			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	_____
102 80	202 40	Independent claims in excess of 3	_____
104 270	204 135		_____
109 80	209 40		_____
110 18	210 9		_____
SUBTOTAL (2)			\$ 0
**or number previously paid, if greater; For Reissues, see above			
		3. ADDITIONAL FEES (continued)	
		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)
		105 130	205 65
		127 50	227 25
		139 130	139 130
		147 2,520	147 2,520
		112 920*	112 920*
		113 1,840*	113 1,840*
		115 110	215 55
		116 390	216 195
		117 890	217 445
		118 1,390	218 695
		128 1,890	228 945
		119 310	219 155
		120 310	220 155
		121 270	221 135
		138 1,510	138 1,510
		140 110	240 55
		141 1,240	241 620
		142 1,240	242 620
		143 440	243 220
		144 600	244 300
		122 130	122 130
		123 50	123 50
		126 240	126 240
		581 40	5 81 40
		146 710	246 355
		149 710	249 355
		179 710	279 355
		169 900	169 900
		Other fee (specify) _____	
		* Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3)	
		240.00	

SUBMITTED BY:		Complete (if applicable)	
Name (Print/Type)	MATTHEW A. NEWBOLES	Registration No. (Atty/Agent)	36,224
Telephone	(949) 855-1246	Date	5/29/01
Signature			

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